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COUNCIL TAX EXEMPTION – AN UNOCCUPIED PROPERTY OF A PERSON WHO RECEIVES PERSONAL CARE IN ANOTHER PROPERTY

COUNCIL TAX REFERENCE (If known):

In terms of schedules 2 and 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1997 (as amended), a dwelling may be exempt from Council Tax (including the water and sewerage charges) if it falls within the category shown below.

UNOCCUPIED DWELLING:

Which when last occupied was occupied by a person who now **receives** personal care, in another dwelling, by reason of:

- | | |
|------------------------------------|---------------------------------------|
| a) Old age | b) Disablement |
| c) Illness | d) Past or present alcohol dependence |
| e) Past or present drug dependence | f) Past or present mental disorder |

PROOF REQUIRED (In some instances additional proof may be requested):

- Letter from the doctor of the person **receiving** the personal care confirming the situation
- Completion of Section 2 of the attached application by the person **providing** personal care

Please complete the attached form, sign the declaration and return it to this office together with the supporting evidence – without which the exemption will not be considered.

NOTE

The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations, which handle public funds.

We aim to respond to enquiries within 20 days. Please allow us this time to update our records

Visit our Council Tax website to make an online payment, manage your account or check your balance: www.glasgow.gov.uk/ct

You must tell us of any changes that may affect your Council Tax bill. Help us keep your bill right by telling us straight away.

Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax

Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

COUNCIL TAX EXEMPTION – AN UNOCCUPIED PROPERTY OF A PERSON WHO RECEIVES PERSONAL CARE IN ANOTHER PROPERTY

SECTION 1 – TO BE COMPLETED BY THE PERSON WHO RECEIVES PERSONAL CARE

I, (print name) _____ apply for exemption from Council Tax due

on the above property which was/is unoccupied from ____/____/____ to ____/____/____ (inclusive)

During the above period I resided at/I am still residing at _____

Where I **received/am receiving** personal care.

I confirm I required/require personal care due to the following reason (please circle as appropriate):

- | | |
|------------------------------------|---------------------------------------|
| a) Old age | b) Disablement |
| c) Illness | d) Past or present alcohol dependence |
| e) Past or present drug dependence | f) Past or present mental disorder |

I received/receive the following personal care treatment _____

My relationship to the person who provided/is providing my personal care is: _____

The number of adults (including myself) who are usually resident in **my own property** is

I have attached a letter from my doctor confirming my situation

Please note that payment should not be withheld pending the result of any Exemption/Discount application.

DECLARATION

I confirm that the information on this form is correct and authorise Glasgow City Council to check the details. If the property no longer meets the exemption requirements, I will notify the Council within 21 days. I understand that failure to do so is an offence which may make me liable for a fine of £50 and £200 for each subsequent offence.

Signed _____ Date ____/____/____

Print name here _____

If you are not the person **receiving** the personal care please state your relationship _____

COUNCIL TAX EXEMPTION – AN UNOCCUPIED PROPERTY OF A PERSON WHO RECEIVES PERSONAL CARE IN ANOTHER PROPERTY

SECTION 2 – TO BE COMPLETED BY THE PERSON WHO PROVIDES PERSONAL CARE

I, (print name) _____ confirm that I am **providing**
personal care to (state applicant's name) _____ who resided /is
still residing at my property at _____
from ____/____/____ to ____/____/____ (inclusive)
My Council Tax reference is _____

Please note that payment should not be withheld pending the result of any Exemption/Discount application.

DECLARATION

I confirm that the information on this form is correct and authorise Glasgow City Council to check the details. If the property no longer meets the exemption requirements, I will notify the Council within 21 days. I understand that failure to do so is an offence which may make me liable for a fine of £50 and £200 for each subsequent offence.

Signed _____ Date ____/____/____

Print name here _____

If you are not the person **providing** the personal care please state your relationship _____

Please supply your daytime telephone number _____